

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (<i>Case Name</i>)		8. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee _____	9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D4 Other (Specify) _____
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>			

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES**11. ATTORNEY'S STATEMENT**

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

☐ Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR
☐ Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (*See Instructions*)

Signature of _____

Date _____

☐ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization
ATTORNEY'S NAME (*First Name, M.I., Last Name, including any suffix*), AND MAILING ADDRESS _____

Telephone Number: _____

12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (*See Instructions*)**13. TYPE OF SERVICE PROVIDER**

- | | |
|---|---|
| 01 <input type="checkbox"/> Investigator | 15 <input type="checkbox"/> Other Medical |
| 02 <input type="checkbox"/> Interpreter/Translator | 16 <input type="checkbox"/> Voice/Audio Analyst |
| 03 <input type="checkbox"/> Psychologist | 17 <input type="checkbox"/> Hair/Fiber Expert |
| 04 <input type="checkbox"/> Psychiatrist | 18 <input type="checkbox"/> Computer (Hardware/
Software/Systems) |
| 05 <input type="checkbox"/> Polygraph | 19 <input type="checkbox"/> Paralegal Services |
| 06 <input type="checkbox"/> Documents Examiner | 20 <input type="checkbox"/> Legal Analyst/Consultant |
| 07 <input type="checkbox"/> Fingerprint Analyst | 21 <input type="checkbox"/> Jury Consultant |
| 08 <input type="checkbox"/> Accountant | 22 <input type="checkbox"/> Mitigation Specialist |
| 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) | 23 <input type="checkbox"/> Duplication Services
(<i>See Instructions</i>) |
| 10 <input type="checkbox"/> Chemist/Toxicologist | 24 <input type="checkbox"/> Other (<i>Specify</i>) _____ |
| 11 <input type="checkbox"/> Ballistics | |
| 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert | |
| 14 <input type="checkbox"/> Pathologist/Medical Examiner | |

14. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 11 is hereby granted.

Signature of Presiding Judge or By Order of the Court _____

Date of Order _____

Nunc Pro Tunc Date _____

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

☐ YES ☐ NO**15. STAGE OF PROCEEDING** Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 16 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.**CAPITAL PROSECUTION****HABEAS CORPUS****OTHER PROCEEDING**

- | | | | | | |
|--|--|---|--|---|-----------------------------------|
| a. <input type="checkbox"/> Pre-Trial | e. <input type="checkbox"/> Appeal | g. <input type="checkbox"/> Habeas Petition | k. <input type="checkbox"/> Petition for the | l. <input type="checkbox"/> Stay of Execution | o. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Trial | f. <input type="checkbox"/> Petition for the | h. <input type="checkbox"/> Evidentiary Hearing | U.S. Supreme Court | m. <input type="checkbox"/> Appeal of Denial of Stay | |
| c. <input type="checkbox"/> Sentencing | U.S. Supreme Court | i. <input type="checkbox"/> Dispositive Motions | Writ of Certiorari | n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. | |
| d. <input type="checkbox"/> Other Post Trial | Writ of Certiorari | j. <input type="checkbox"/> Appeal | | Supreme Court Regarding Denial of Stay | |

CLAIM FOR SERVICES AND EXPENSES**FOR COURT USE ONLY**

16. SERVICES AND EXPENSES (<i>Attach itemization of services with dates</i>)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):			

17. PAYEE'S NAME (*First Name, M.I., Last Name, including any suffix*), AND MAILING ADDRESS

TIN: _____

Telephone _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental PaymentI hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (*compensation or anything of value*) from any other source for these services.

Signature of Claimant/Payee _____ Date _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of Attorney _____ Date _____

APPROVED FOR PAYMENT — COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
23. <input type="checkbox"/> Either the cost (<i>excluding expenses</i>) of these services does not exceed \$500, or prior authorization was obtained; OR <input type="checkbox"/> In the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (<i>excluding expenses</i>) exceeds \$500. <div style="display: flex; justify-content: space-between;"> <div>Signature of Presiding Judge _____</div> <div>Date _____</div> <div>Judge Code _____</div> </div>			
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED

28. FOR REPRESENTATIONS COMMENCED AND APPELLATE PROCEEDINGS IN WHICH AN APPEAL IS PERFECTED ON OR AFTER APRIL 24, 1996,

- A. Total compensation and expense payments approved to date (include amounts withheld for interim payments) for investigative, expert and other services for this representation is \$ _____
- B. Payment approved (compensation and expenses) in excess of the statutory threshold for investigative, expert and other services under 21 U.S.C. § 848(q)(10)(B).

Signature of Chief Judge, Court of Appeals (or Delegate) _____

Date _____

Judge Code _____